

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alfred. Engelow Allen
Town Snow Hill County Worcester
Died at
Date of death 10th 1909 Jan 27. Age 10.
Sex Male Color or Race colored Birth-place Snow Hill Md
Occupation None Where Residing if not at place of death Md
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name Thomas. S. Allen Father's Birthplace Maryland
Mother's Maiden Name Mary A. Ginn Mother's Birthplace Maryland.
Name of person giving Information Thomas A. Ginn How related to deceased father

CAUSES OF DEATH

Primary Broncho-Pneumonia 9P How long 1 wk.
Immediate " " How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

John L. Riley,
Snow Hill,
Md.

Accident or Suicide No.

PHYSICIAN
OR CORONER

20



Name
in
Full

CERTIFICATE OF DEATH

Elijah Thompson Bonan

Town

County

MARYLAND

Died at

Newark

Worcester

Date

of death

1900

Month

January

Day

21

Years

Age

65

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Newark

Occupation

Merchant

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
~~Husband~~

Ella L. Davis

Father's
Name

Parker Bonan

Father's
Birthplace

Newark, N. J.

Mother's
Maiden Name

Mary James Henderson

Mother's
Birthplace

Virginia

Name of person giving
Information

H. A. Bonan

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Paralysis

How long

Six years

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

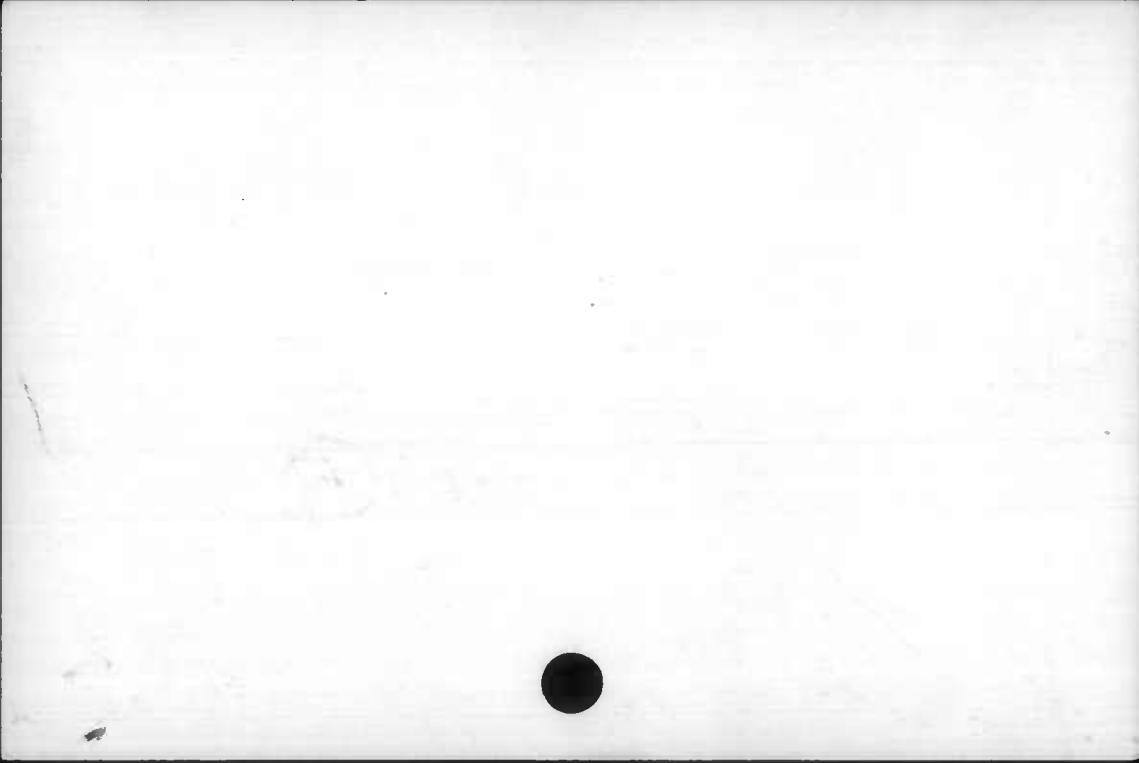
W. D. Strangman

Address

Snow Hill, Del.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Augusta Bourne

Town *Fronshire* County *Monrovia* MARYLAND

Died at *Fronshire*

Date of death 19*10* Month *1* Day *2* Age *about 70* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *House Keeper* Where Residing if not at place of death *Fronshire*

~~Married, Single~~ ☒ *Widow* Name of ~~Wife~~ *Bourne* Husband

Father's Name *Selby Bourne* Father's Birthplace *Maryland*

Mother's Maiden Name *Dora Kerner* Mother's Birthplace *Dora Kerner*

Name of person giving Information *Goldsby Bourne* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Burns by fire over entire body* How long *Immediate*

Immediate *Natural results* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. J. Holland*

Address *Bellevue Md*

Accident or Suicide *Accident caught from open fire place*



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Name *Joshua A. Bary* Town *Bishopsville* County *Worcester*
 Died at *Bishopsville* Month *Jan* Day *16th* Year *56* Months *11* Days *23*
 Date of death *1907* Age *56*

Sex *Male* Color or Race *White* Birth-place *Delaware*
 Occupation *Harmon* Where Residing if not at place of death *At Bishopsville*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *John L B B Bary* Father's Birthplace *Delaware*

Mother's Maiden Name *Comfort Ann Bary* Mother's Birthplace *Maryland*

Name of person giving Information *Minnie Cooper* How related to deceased *Son*

CAUSES OF DEATH

Primary *Rheumatism* How long *6 years*

Immediate *Acute endocarditis* How long *10 da.*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address

J. R. Bishop
Shoreline-Md.

2 Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William J. Collins-

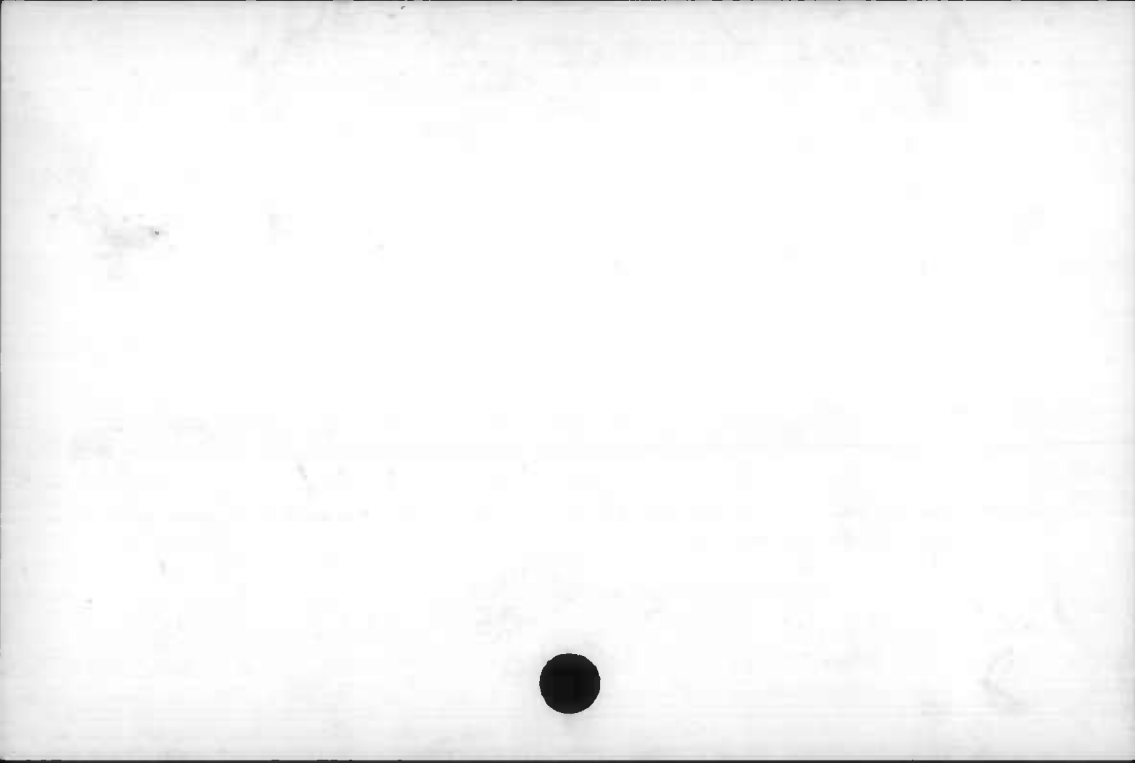
CERTIFICATE OF DEATH

Diad at Berlin ^{Town} Mon. ^{County} MARYLAND
 Date of daeth 1910 ^{Month} Jan. ^{Day} 7 ^{Years} Age 36 ^{Months} — ^{Days} —
 Sex Male Color or Race White Birth-place Bishopville Md
 Occupation Carrage Dealer Where Residing if not at place of death —
 Married, Single or Widowed Married Name of Wife or Husband Lucy M. Smith
 Father's Name Elisha M. Collins Father's Birthplace Bishopville
 Mother's Maiden Name Catherine Selby Mother's Birthplace Bishopville
 Name of parson giving Information Jennie Collins- How related to deceased Sister

CAUSES OF DEATH

Primary Pulmonary Tuberculosis 27 ^{How long} 6 years
 Immediate — ^{How long} —

Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician Dr. J. S. S. S. S. S.
 Address Berlin Md
 Accident or Suicide 8



Name
in
Full

220
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

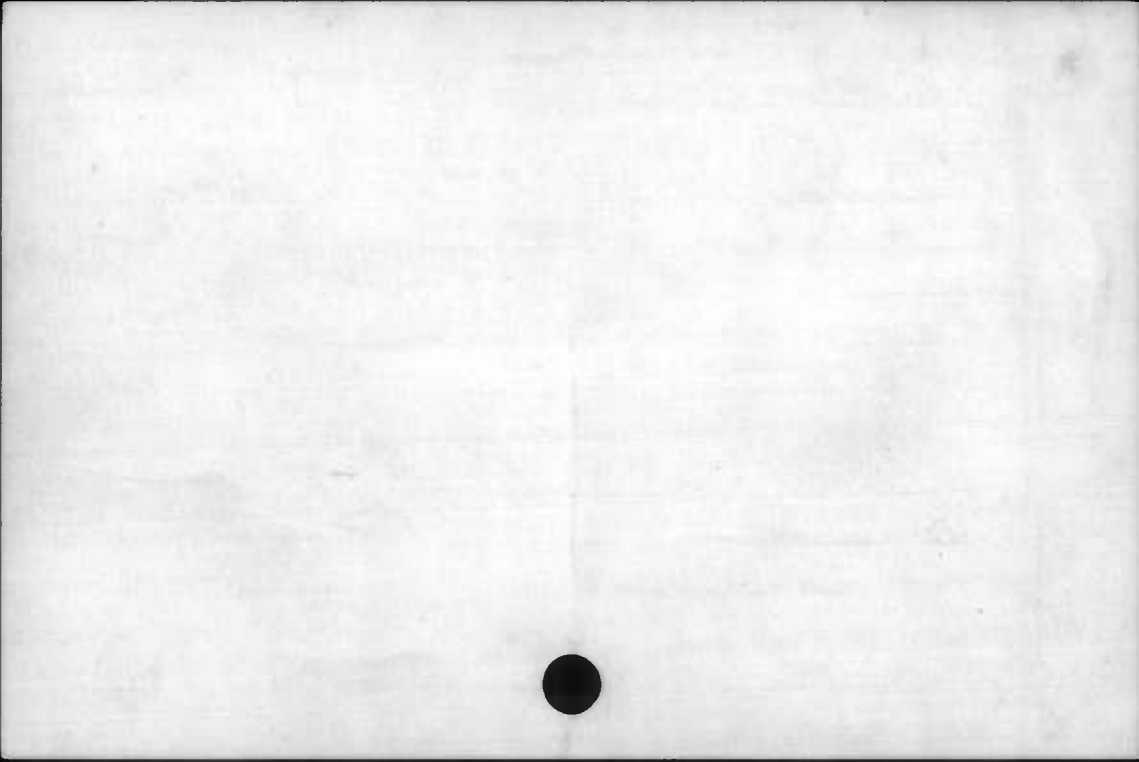
Died at <i>Hamrohe</i> Town		County <i>Worcester</i>		State <i>MARYLAND</i>	
Date of death <i>1900</i>	Month <i>Jan</i>	Day <i>16</i>	Age <i>59</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>		
Occupation <i>Ship's carpenter</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Florence M. Crockett</i>				
Father's Name <i>Daniel Crockett</i>	Father's Birthplace <i>Unk</i>		Mother's Birthplace <i>Unk</i>		
Mother's Maiden Name <i>Sarah Crockett</i>	Name of person giving Information <i>Freeman F. Ellis</i>		How related to deceased <i>Brother-in-law</i>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Cyphoscoliosis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Wilson</i>
<i>J</i>	Address <i>Hamrohe Wey</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Dea Fusher

Died at near Stockton Town Worcester County MARYLAND

Date of death 1960 Month 1 Day 16 Age 33 Years Months Days

Sex female Color or Race white Birth-place Va

Occupation Invalid Where Residing if not at place of death md

~~Married~~ Single None Name of Wife or Husband

Father's Name Thoroughgood Fusher Father's Birthplace Va

Mother's Maiden Name Jabitha Kelley Mother's Birthplace Va

Name of person giving Information W.P. Watson How related to deceased None

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

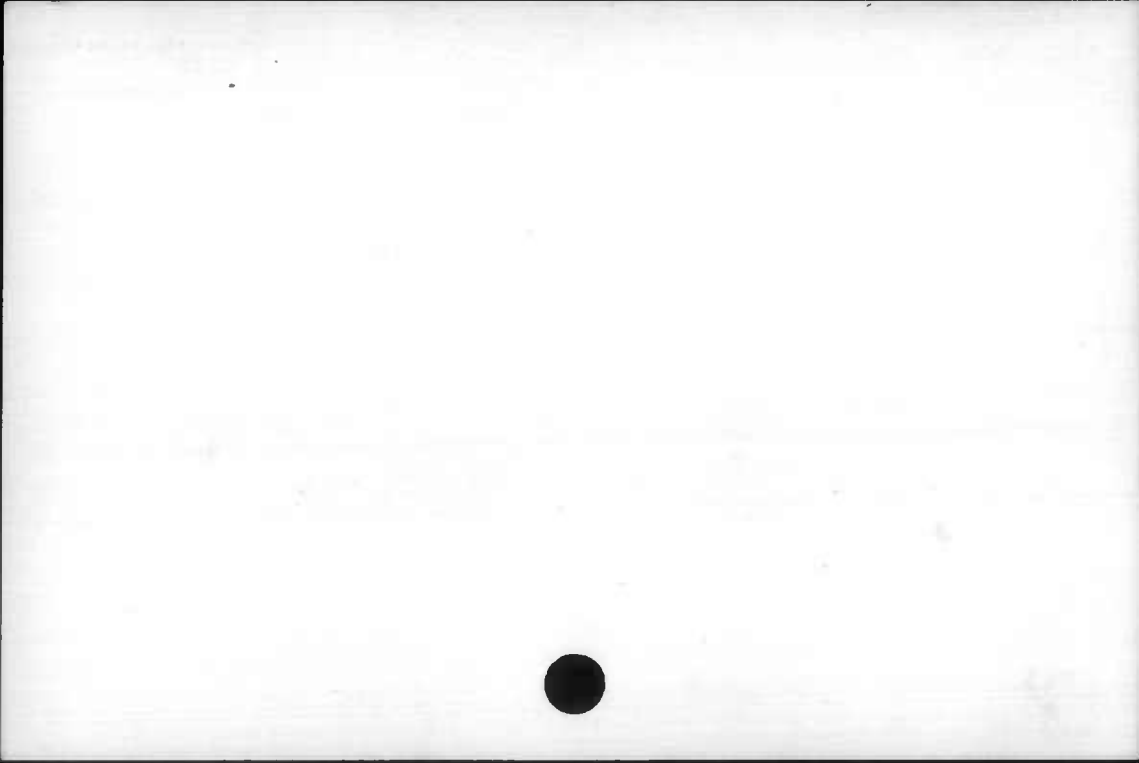
Primary Epileptic How long Since Birth

Immediate Convulsion How long at once

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Wm O. Payne, Jr. Address Stockton

No Physician Accident or Suicide O.K.



Name
in
Full

Annie Lizzie Hamblin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Near Whaleyville* *Worcester* County **MARYLAND**

Date of death 19*40* Month *Jan* Day *8* Age *34* Months *4* Days *5*

Sex *Female* Color or Race *White* Birthplace *Maryland*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Charles C Hamblin*

Father's Name *Isaac Hall* Father's Birthplace *Maryland*

Mother's Maiden Name *Freda Baker* Mother's Birthplace *Mo*

Name of person giving Information *Charles C Hamblin* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

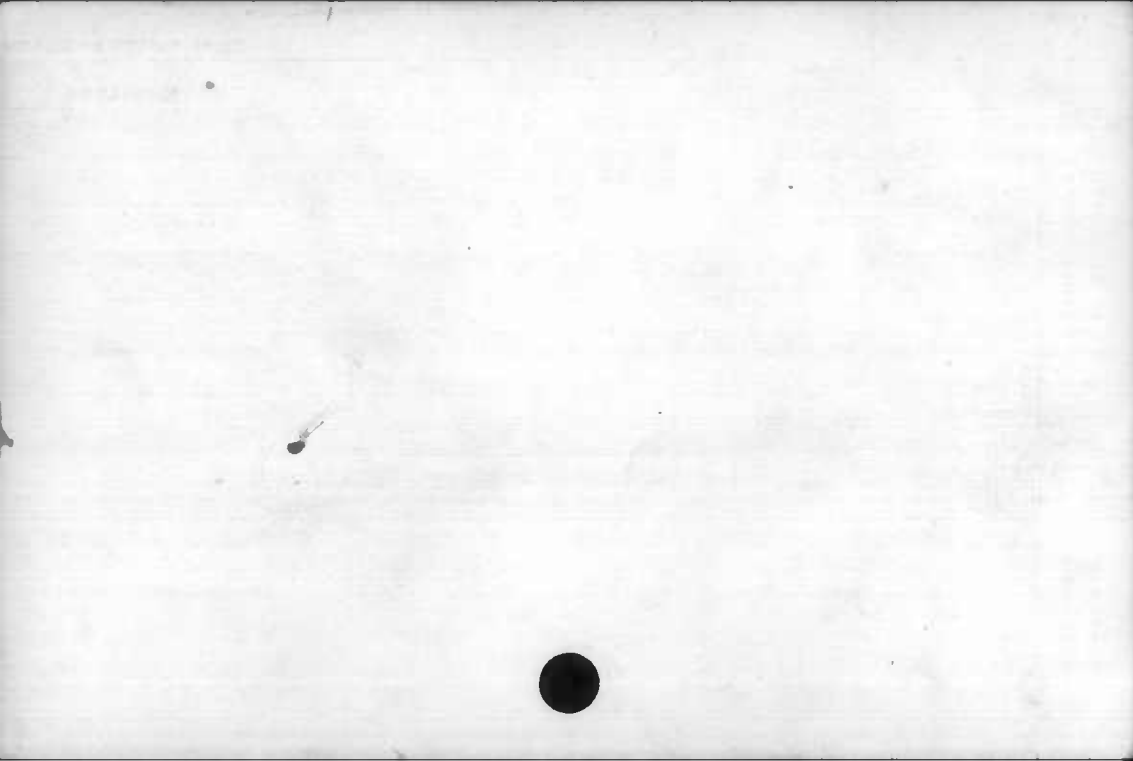
How long

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

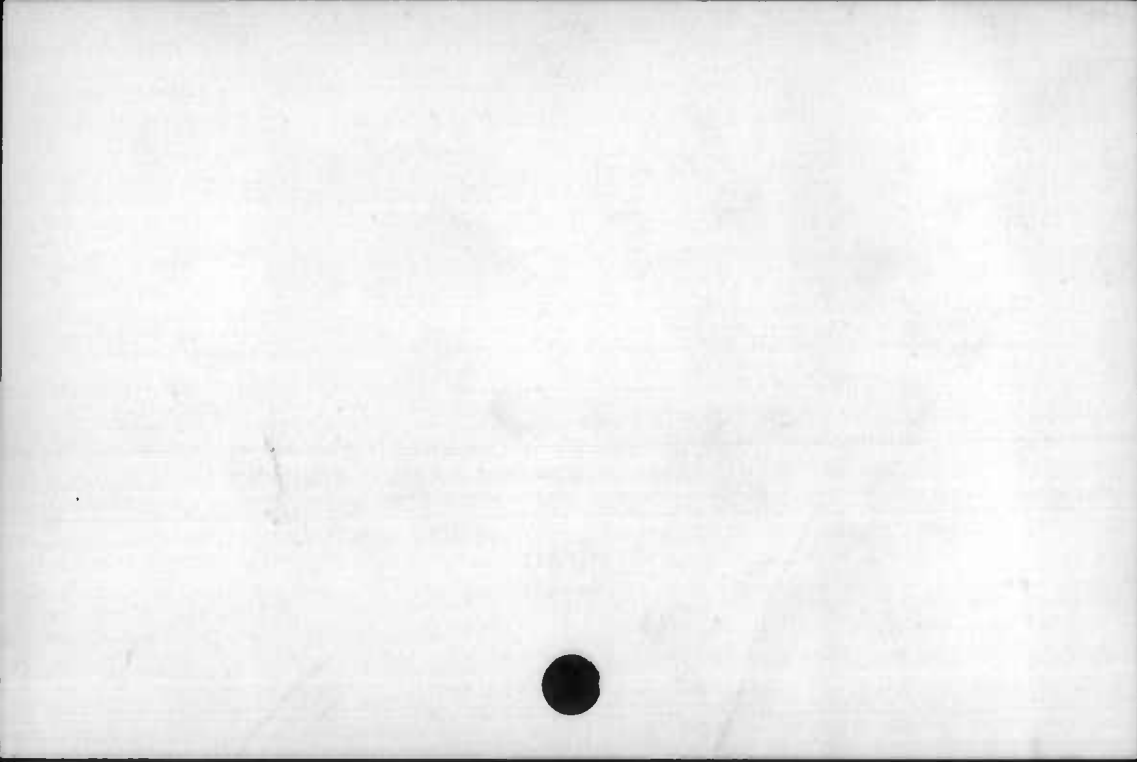
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stockton</i> Town		<i>Harford</i> County				
Date of death <i>1940</i>	Month <i>Jan</i>	Day <i>1</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Stockton, Md.</i>				
Occupation <i>none</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>None</i>					
Father's Name <i>Wilmer J. Hancock</i>	Father's Birthplace <i>Stockton, Md.</i>					
Mother's Maiden Name <i>Janet S. Howard</i>	Mother's Birthplace <i>Wor. Co. Md.</i>					
Name of person giving information <i>Wilmer J. Hancock</i>	How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stillborn.</i>	How long <i>2</i> ✓
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John D. Dickerson</i>
	Address <i>Stockton Wor. Co.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Whaleyville* *Worcester* County
Date of death *1940* *Jan* *28* *48* Age
Month Day Years Months Days

Sex *Male* Color or Race *White* Birth-place

Occupation *Daily Labour* Where Residing if not at place of death *Bridgetown Del*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary H Hastings*

Father's Name *Samuel W Hastings* Father's Birthplace *Delaware*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving Information *William H Willey* How related to deceased *unknown*

CAUSES OF DEATH

Primary *Burns* How long *167*
Immediate *Shock* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *C A Holland*
Address *Whaleyville Md*

Accident or Suicide *Accident*



Baby Lewis,

1/28/1910.

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Campbell, Maryland.

Date

of death

19010. Jan.

Month

Day

27

Years

Age 3 hours

Months

none

Days

None

Sex male

Color or
Race

White

Birth-
place

Campbell, Md

Occupation

None

Where Residing if not
at place of death At homeMarried, Single
or Widowed

Single

Name of Wife or
Husband NoneFather's
Name

Gordon Lewis

Father's
Birthplace

Worcester Co

Mother's
Maiden Name

Ruth Esham

Mother's
Birthplace

Worcester Co.

Name of person giving
Information

Father Gordon Lewis,

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Fractured skull incident to laborext. 15 min.

How long

15 min.

Immediate

Cerebral hem.

How long

3 hrs.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

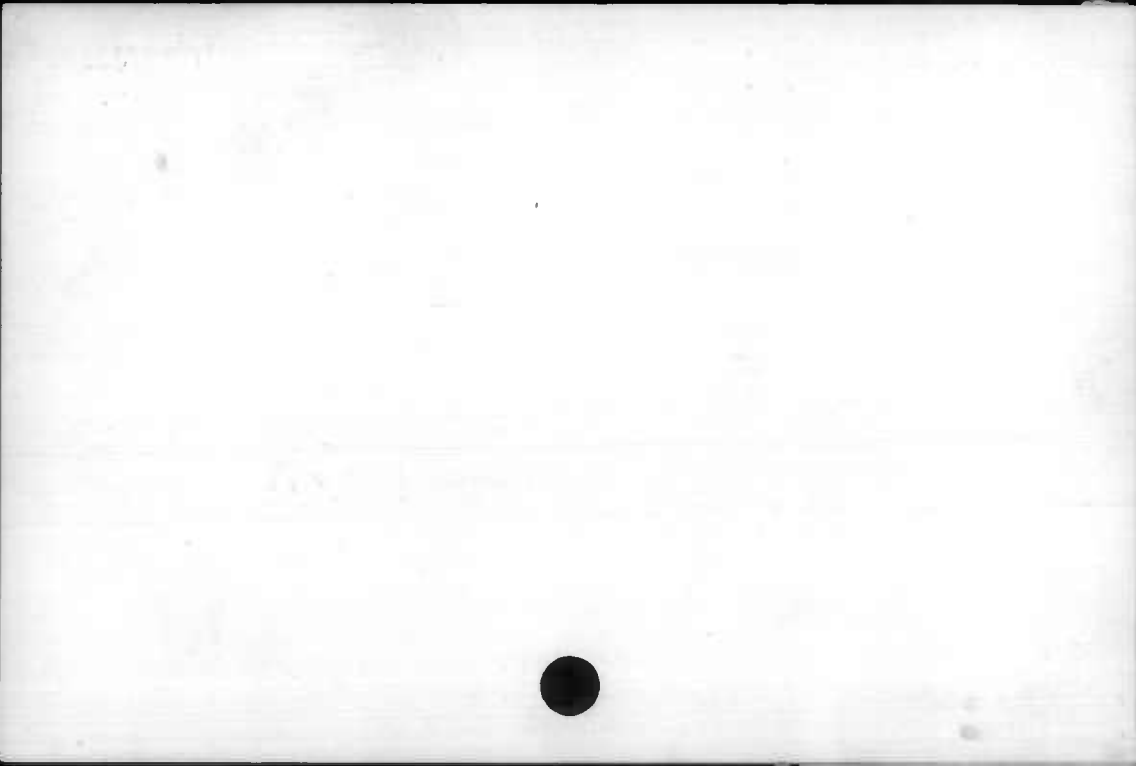
Address

T. Bayne

Accident or Suicide

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full222
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Bertie F. Auten

Town

County

Died at

Pocomoke City Annetta

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1940 Jan 23 Age 31

Sex

Female

Color or
Race

White

Birth-
place

Annetta Co.

Occupation

Domestic

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Thos. H. Auten

Father's
Name

Edward Ardis

Father's
Birthplace

Annetta Co.

Mother's
Maiden Name

Hattie Landrum

Mother's
Birthplace

Annetta Co.

Name of person giving
Information

Thos. H. Auten

How related
to deceased

Husband

CAUSES OF DEATH

29 ✓

Primary

Pulmonary tuberculosis
Exhaustion

How long

2 yrs and

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

ye

Signature of
Physician

Address

R. Peet Hall
Pocomoke City, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Steven D. Pilchard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Stockton Town Worcester County MARYLAND

Date of death 1900 Month 1 Day 4 Age 39 Years Months Days

Sex male Color or Race white Birth-place md

Occupation carpenter Where Residing if not at place of death md

Married, ~~Single~~ Widowed Name of Wife or Husband Lillian Bowen

Father's Name Major W. Pilchard Father's Birthplace md

Mother's Maiden Name Minie Collins Mother's Birthplace md

Name of person giving Information C. C. Pilchard How related to deceased 2 Bro

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 3 yrs

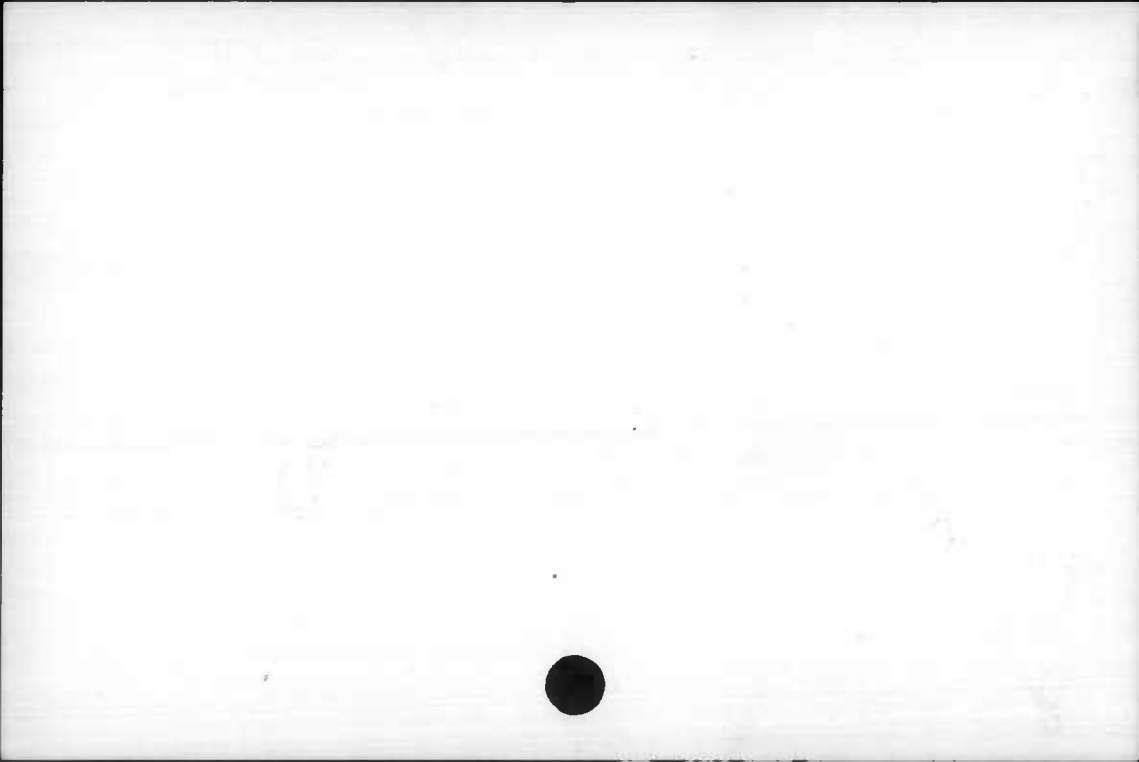
Immediate Hemorrhage from the mouth How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wm. A. Payne Jr.

Address [Redacted]

Accident or Suicide O.K.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

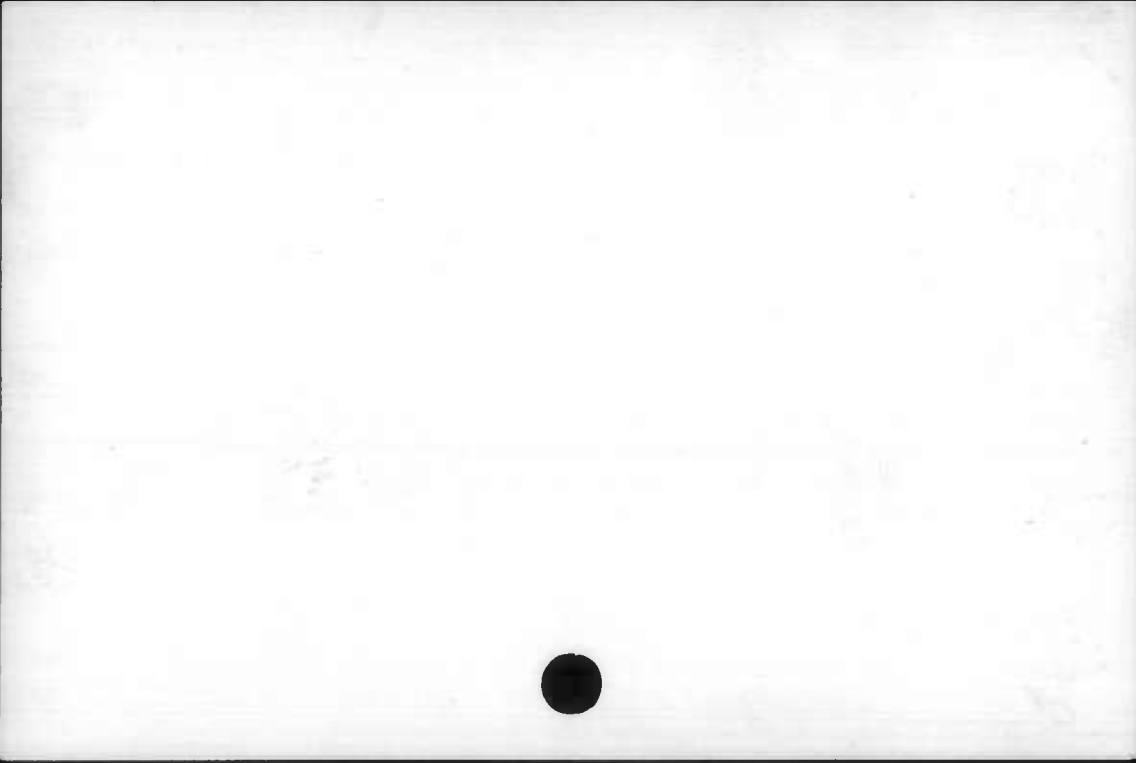
Name in Full <i>Jama Powell</i>		Town <i>Stecher</i>		County <i>Worcester</i>		State MARYLAND	
Died at <i>Stecher</i>		Month <i>Jan.</i>		Day <i>13</i>		Years <i>74</i>	
Date of death <i>1900 Jan. 13</i>		Month <i>Jan.</i>		Day <i>13</i>		Years <i>74</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Salisbury Md</i>		Month <i>10</i>	
Occupation <i>House work</i>		Where Residing if not at place of death <i>Berlin Md</i>		Days <i>9</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>George C. Powell</i>		Father's Name <i>Levin Disharoon</i>		Father's Birthplace <i>Salisbury Md</i>	
Mother's Maiden Name <i>Elizabeth Davis</i>		Name of person giving Information <i>Levin Disharoon</i>		Mother's Birthplace <i>Salisbury Md</i>		How related to deceased <i>Nephew</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>9 Months</i>
Immediate <i>Nie mie Coma</i>	How long <i>1 Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Levin Disharoon</i>
	Address <i>Stecher Md</i>
Accident or Suicide <i>8</i>	<i>Worcester Co.</i>



Name
in
Full

Sivell B Powell

219
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Pawmoke city Worcester County MARYLAND

Date of death 1960 Month Jan Day 14 Age 67 Months Days

Sex Male Color or Race White Birth-place Worcester Co

Occupation Sawyer Where Residing if not at place of death Pawmoke city

Married, Single or Widowed Married Name of Wife or Husband Alice Ball

Father's Name Jno A Powell Father's Birthplace Worcester Co

Mother's Maiden Name Sarah Davis Mother's Birthplace MI

Name of person giving information Stummond Powell How related to deceased Son

CAUSES OF DEATH

135

PHYSICIAN
OR CORONER

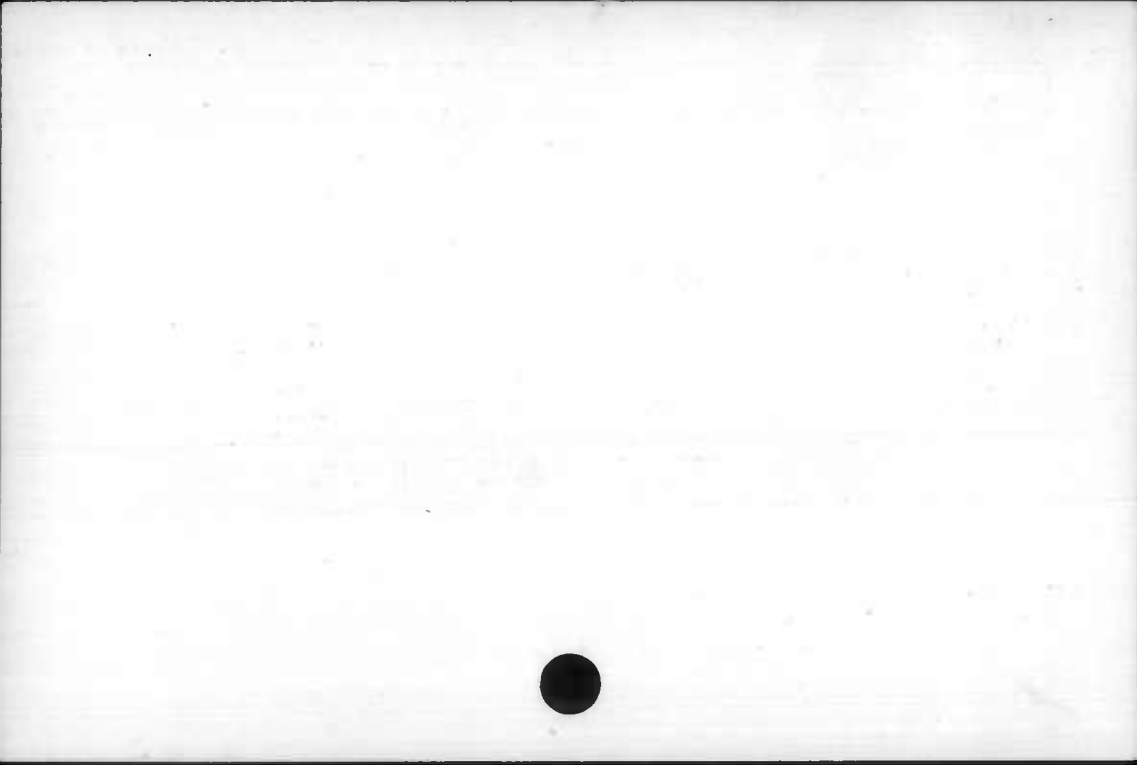
Primary Prostatitis with abscess How long 1 yr

Immediate Uremic Poisoning How long 3 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Stummond Powell

Address Pawmoke city
MD

Accident or Suicide



Name
in
Full

223

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

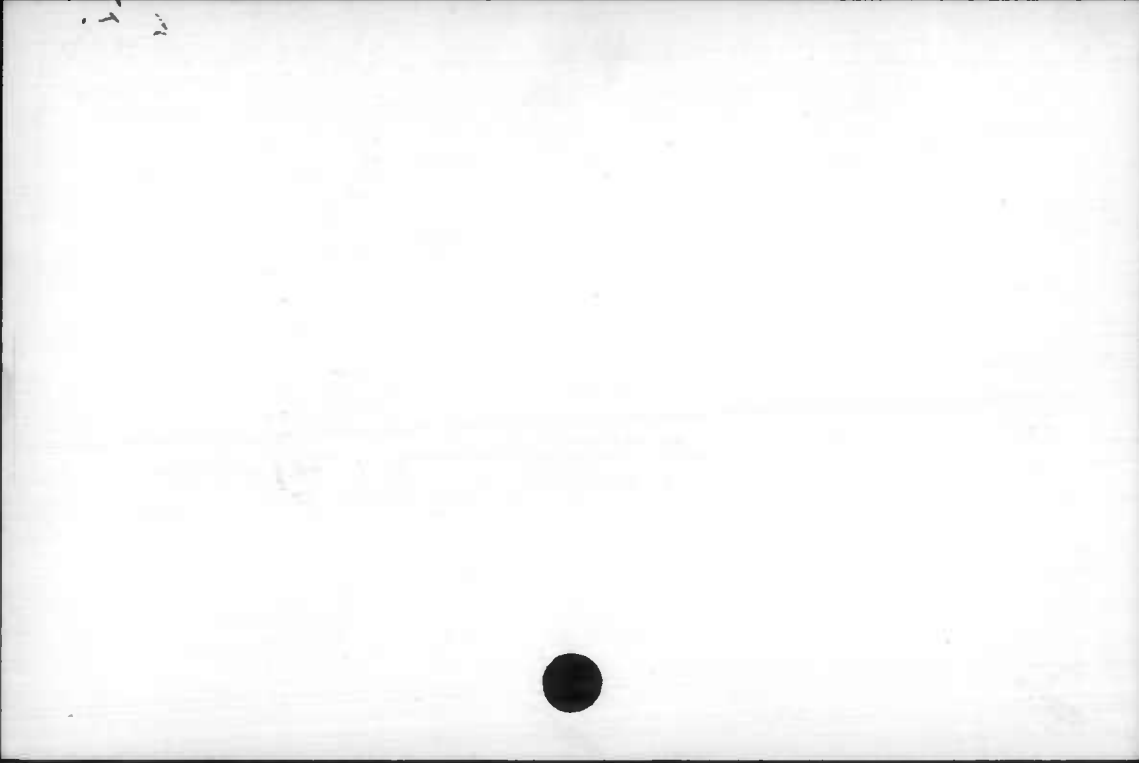
Died at *Pawmoke city* Town *Monroster* County
 Date of death 19*00* Month *Jan* Day *24* Age *5* Years Months Days
 Sex *Male* Color or Race *Colored* Birthplace *Monroster Co*
 Occupation *Infant* Where Residing if not at place of death *" "*
 Married, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *Jno Purcell* Father's Birthplace *" "*
 Mother's Maiden Name *Edna Hershey* Mother's Birthplace *" "*
 Name of person giving Information *Cutty Purcell* How related to deceased *Gr Father*

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary *Had trouble* How long *5 days*
 Immediate *exhaustion* How long *2 "*
 Are the name, age, sex, color, date and place correctly given above? ☒
 Signature of Physician *Samuel S. Lincum*
 Address *Pawmoke city, Mo*
 Accidental or Suicidal ☒



Name in Full *Margaret Spence Pursell*

CERTIFICATE OF DEATH

Died at *Snow Hill* Town *Worcester* County **MARYLAND**

Date of death *1960 Jan 6* Age *44* Months *1* Days *18*

Sex *Female* Color or Race *White* Birthplace *Ind*

Occupation *Stenographer* Where Residing if not at place of death *—*

~~Married, Single or Widow~~ Name of Wife or Husband *—*

Father's Name *Ernest Spence* Father's Birthplace

Mother's Maiden Name *Elizabeth Lingina Humphreys* Mother's Birthplace

Name of person giving Information *Miss Mary Spence* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Acute Infection* How long *12 hours*

Immediate *Heart Failure* How long *—*

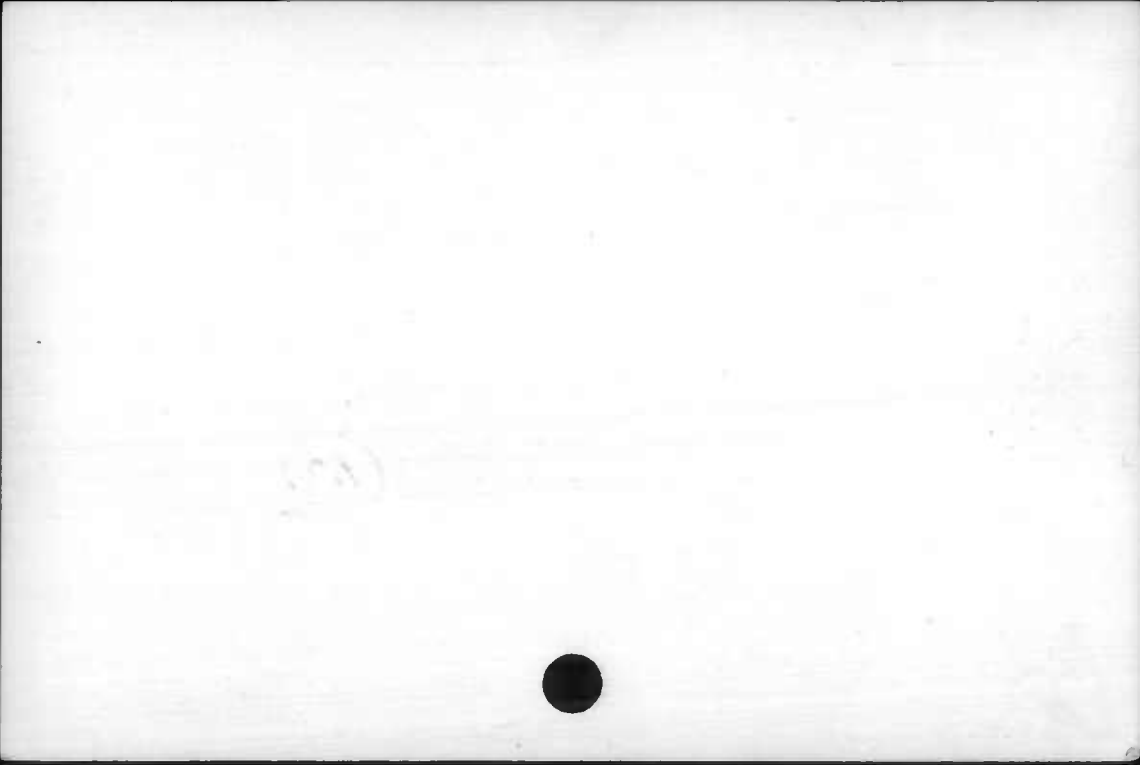
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. D. Strayhorn*
Address *Snow Hill, Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Clara M. Pusy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at ^{Town} Snow Hill ^{County} Worcester MARYLAND
Date of death 1990 Jan 3 Age 8 Months 9 Days 19
Sex female Color or Race white Birth-place Bld
Occupation — Where Residing if not at place of death —

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

G. J. Pusy

Father's
Birthplace

Delaware

Mother's
Maiden Name

Amy B. Cannon

Mother's
Birthplace

Delaware

Name of person giving
Information

G. J. Pusy

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

10 days

Immediate

Heart failure

How long

10 minutes

Are the name, age, sex, color, date
and place correctly given above?

yes

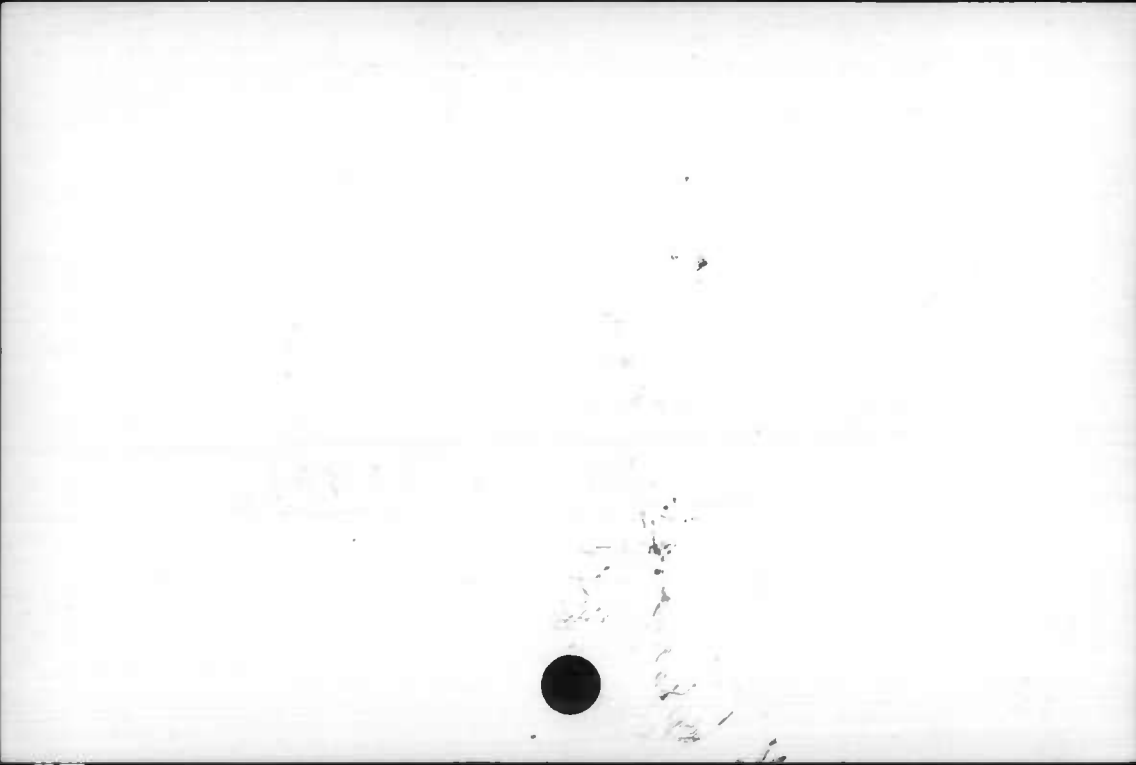
Signature of
Physician

Paul Jones

Address

Snow Hill, Md.

Accident or Suicide



Name
in
Full

Mary E Quinn

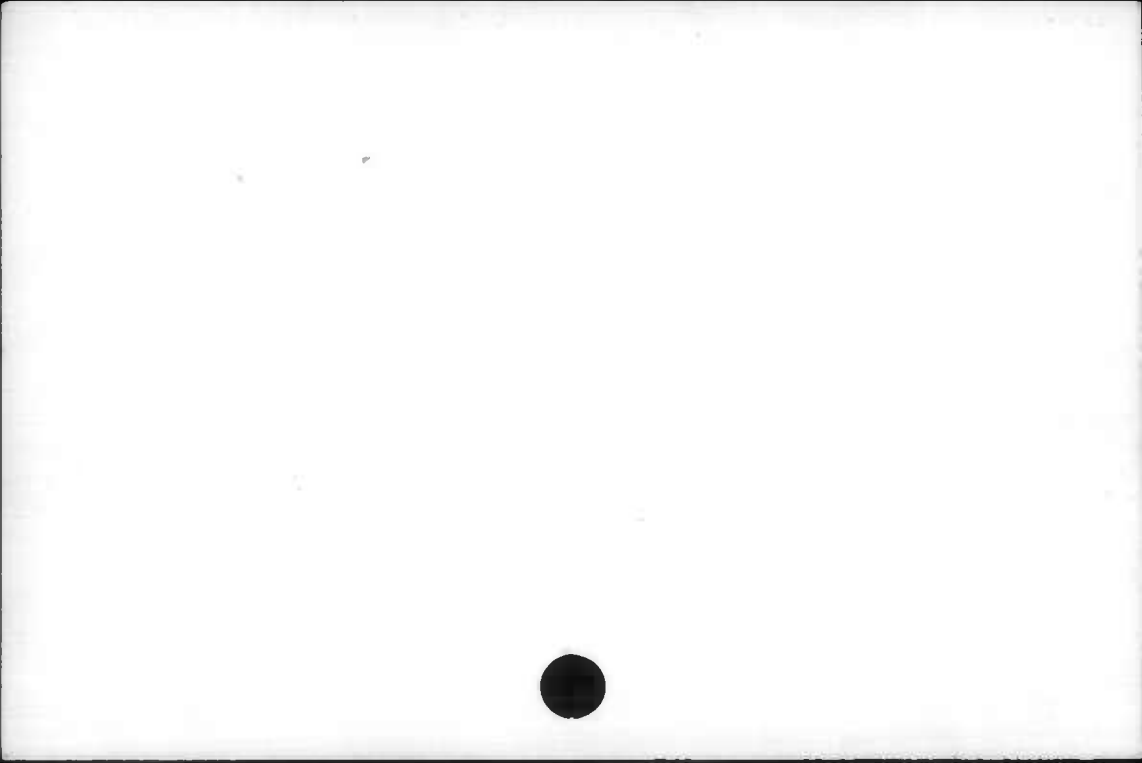
218
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pocomoke City		County Pocomoke		MARYLAND	
Date of death		Month Jan	Day 12	Years 26	Months	Days	
Sex	Female		Color or Race	Dark		Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death		Pocomoke City Md		
Married, Single or Widowed	Married		Name of Wife or Husband	Lewis Patterson not Long Leggett but went under maiden name			
Father's Name	John Quinn		Father's Birthplace	Maryland			
Mother's Maiden Name	Harriet Long		Mother's Birthplace	Maryland			
Name of person giving Information	John Quinn		How related to deceased	Brother			

CAUSES OF DEATH

Primary	Long Standing Tuberculosis and Hemorrhages	How long	2 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	William H. Hester Justice of the Peace acly Comm
Is the Party dead?	yes	Address	
Accident or Suicide	Physician		

PHYSICIAN
OR CORONER



Name
in
Full

Horace S. Sauer

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

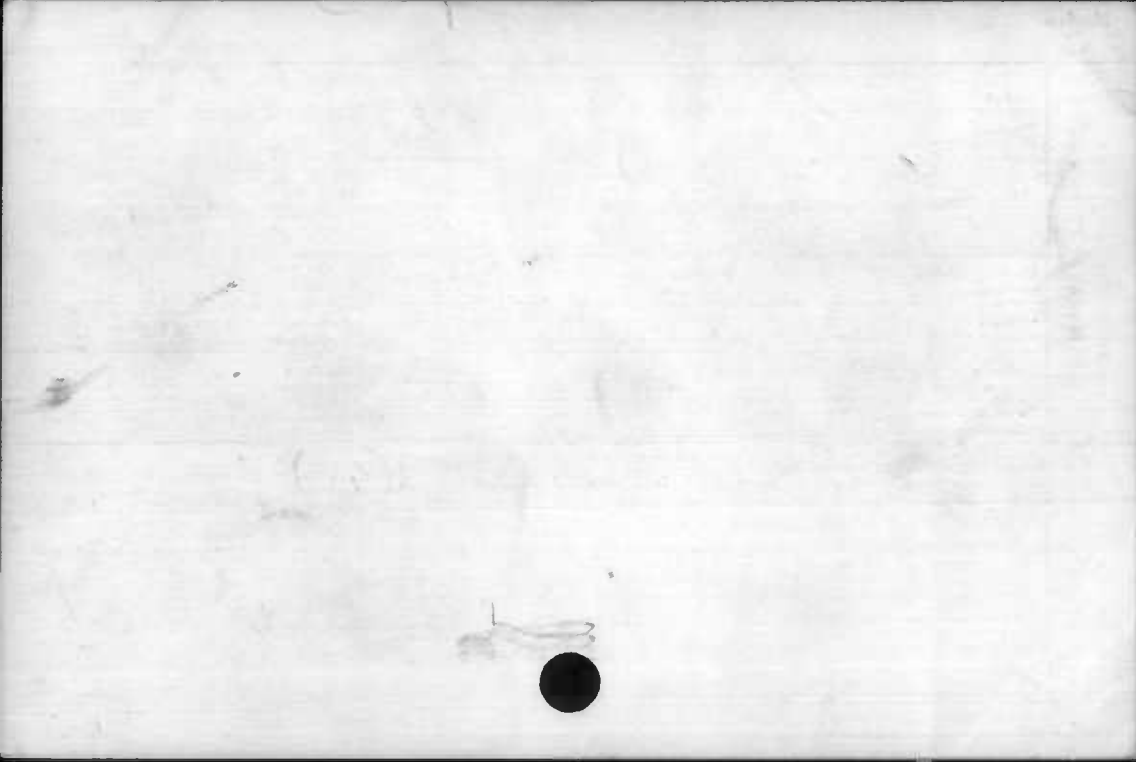
Died at		Town Newark		County Worcester		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		1	27	Age 33	✓	✓	
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Occupation				Where Residing if not at place of death			
Merchant				✓			
Married, Single or Widowed		Name of Wife or Husband					
Single		✓					
Father's Name		Father's Birthplace					
Joel Sauer		Don't Know					
Mother's Maiden Name		Mother's Birthplace					
Catherine Sauer		Maryland					
Name of person giving Information		How related to deceased					
Arthur P. Sauer		Brother					

CAUSES OF DEATH

40 ✓

PHYSICIAN
OR CORONER

Primary	Farcinoma of Stomach	How long	Don't Know
Immediate	Exhaustion & Inanition.	How long	About 2 years.
Are the name, age, sex, color, data and place correctly given above?		yes	
Signature of Physician		W. D. Trauger	
Address		Snow Hill. Md.	
			
Accident or Suicide			



Name
in
Full

221
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah Elizabeth Jane
Town *Pocomoke City* County *Worcester*

Died at *Pocomoke City* Maryland

Date of death 19*90* Month *July* Day *18* Age *5* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Pocomoke City*

Occupation *✓* Where Residing if not at place of death *✓*

Married, Single or Widowed *✓* Name of Wife or Husband *✓*

Father's Name *Rey d. Jane* Father's Birthplace *Worcester Co*

Mother's Maiden Name *Annrie Davis* Mother's Birthplace *Worcester Co*

Name of person giving Information *Rey d. Jane* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

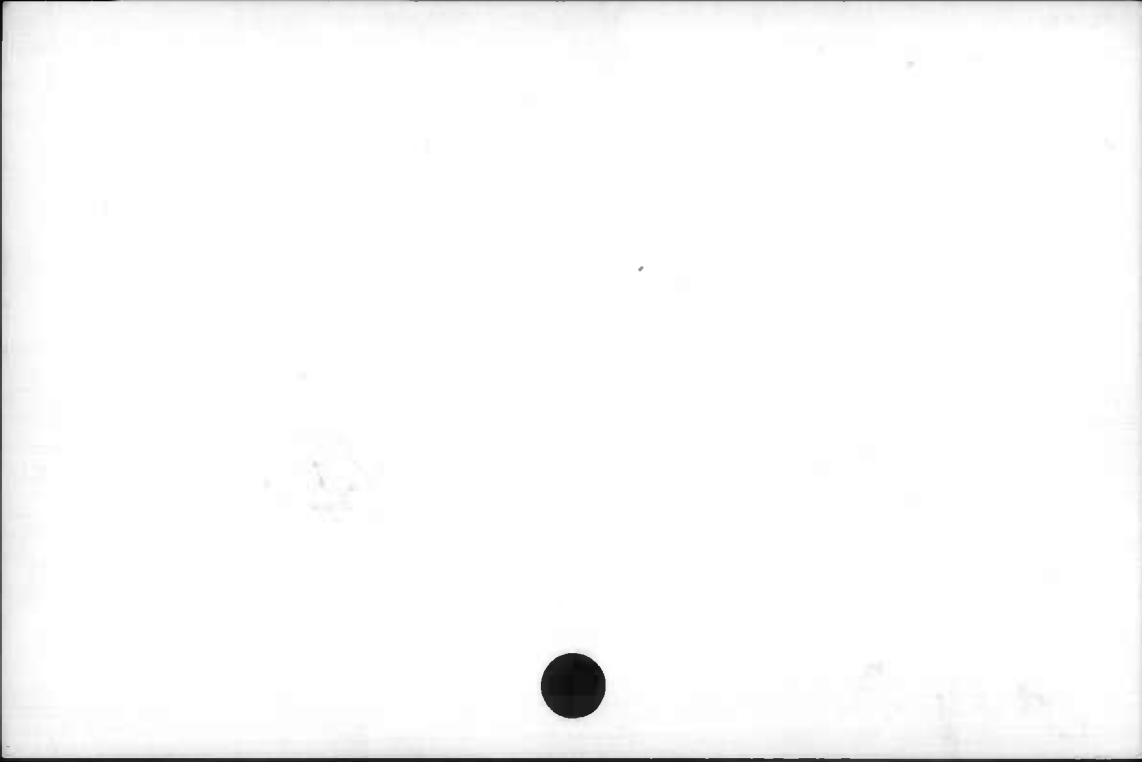
Primary *Malnutrition* How long *Since birth*

Immediate *Erysipelas* How long *10 Days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *R. Lee Hall* Address *Pocomoke City Md*

Accident or Suicide



Name
in
Full

Lemuel H. Linnons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Near Berlin* Town *Mor.* County
 Date of death 19*80* Month *Jan.* Day *24* Age *69* Years
 Sex *Male* Color or Race *White* Birthplace *Near Berlin*
 Occupation *Farmer* Where Residing if not at place of death
 Marriad, Single or Widowed *Married* Name of Wife or Husband *Ketty A. Linnons*
 Father's Name *Benj. Linnons* Father's Birthplace *Near Berlin*
 Mother's Maiden Name *Charlotte Griffin* Mother's Birthplace *" "*
 Name of person giving Information *Chas. H. Linnons* How related to deceased *Son.*

CAUSES OF DEATH

93 ✓

Primary *Pneumonia* How long *5 days*
 Immediate *—* How long

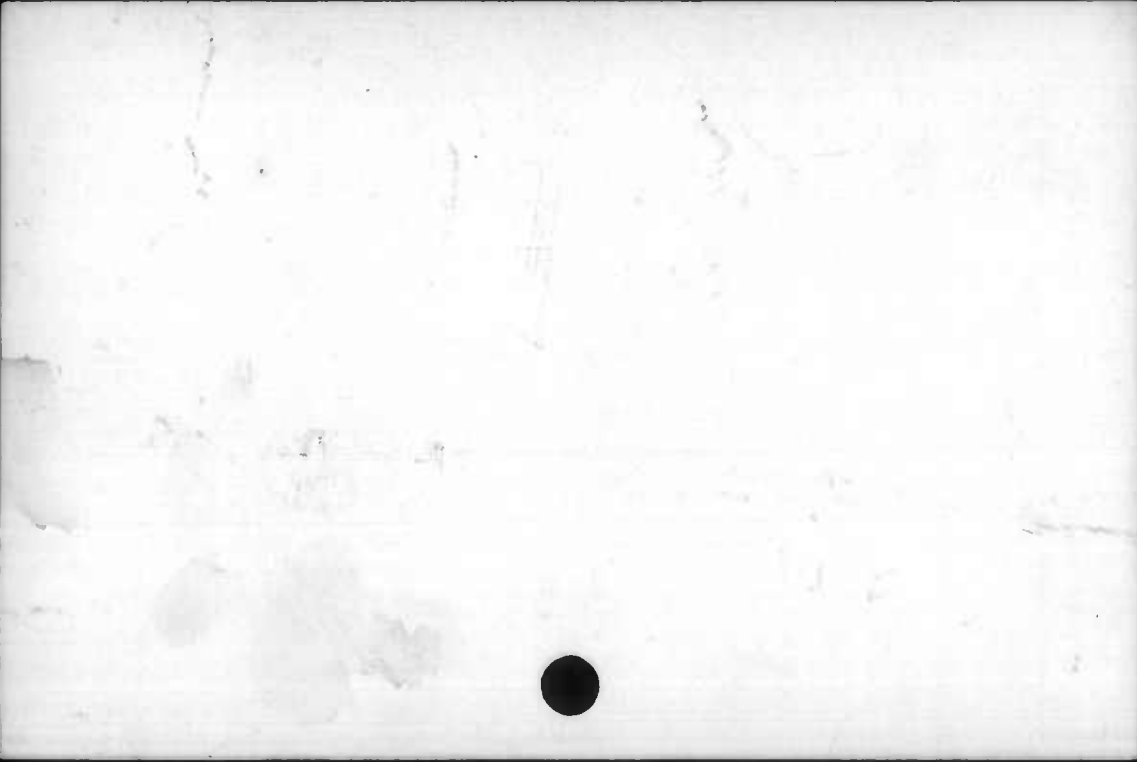
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. E. Tynclaw*
 Address *Berlin*

Accident or Suicide

Evergreen

Name in Full Sidney Watson		225 CERTIFICATE OF DEATH	
Died at Pocomoke City <small>Town</small>		Worcester <small>County</small>	
Date of death 1900 <small>Month</small> July <small>Day</small> 30		Age 27 <small>Years</small> - <small>Months</small> - <small>Days</small>	
Sex Male	Color or Race White	Birth-place Worcester Co.	
Occupation Farmer		Where Residing if not at place of death <input checked="" type="checkbox"/>	
Married, Single or Widowed Single	Name of Wife or Husband <input checked="" type="checkbox"/>		
Father's Name Mitchell Watson	Father's Birthplace Worcester		
Mother's Maiden Name Rosa Richard	Mother's Birthplace Worcester		
Name of person giving Information A. H. Evans		How related to deceased Brother in law	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div> <input checked="" type="checkbox"/> </div>			
PHYSICIAN OR CORONER	Primary Pulmonary tuberculosis	How long 10 months	
	Immediate Exhaustion with "dyspnoea"	How long "Two weeks"	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician R Lee Hall	
		Address Pocomoke City, Md	
Accident or Suicide?			



Name
in
Full224
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near, Promuske City</i>		Town <i>Promuske City</i>		County <i>Monester</i>		State <i>MARYLAND</i>	
Date of death <i>1990 Jan</i>		Month <i>Jan</i>	Day <i>28</i>	Age <i>23</i>	Years	Months <i>10</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Phicosa, Pa</i>				
Occupation <i>Farming</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Joseph F. Grager</i>		Father's Birthplace <i>Beruville, Pa</i>					
Mother's Maiden Name <i>Ellen R. Hister</i>		Mother's Birthplace <i>Beruville, Pa</i>					
Name of person giving Information <i>Joseph Grager</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

50 ✓

PHYSICIAN
OR CORONER

Primary	<i>Diabetes</i>	How long <i>3 years</i>
Immediate	<i>Coma (diabetic)</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. Lee Hall</i>
		Address <i>Promuske City, Md</i>
Accident or Suicide?		

